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Federation of Catholic Physicians' Guilds

FEDERATION OF CATHOLIC PHYSICIANS' GUILDS

(86 member Guilds)

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The Federation of Catholic Physicians' Guilds

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In this Issue . . . . .

THE LINACRE QUARTERLY is the official journal of the Federation of Catholic Physicians' Guilds and appears February, May, August, and November. Manuscripts and news items should be directed to the Editor. Correspondence concerning advertising, subscriptions and other business matters should be addressed to the Executive Secretary, M. R. Kneifl.

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President's Page

The winter meeting of the Executive Board of the Federation will be held December 5 and 6 at the Baker Hotel in Dallas, Texas. As these meetings rotate throughout the country, your officers attempt a bit of missionary work in the various geographical areas. Of Texas it can be truly said that the inspiration is in reverse. Dr. Fred Taylor of Houston, a distinguished authority and lecturer on child behavior, has traveled the area sowing a fertile seed of enthusiasm in Catholic Action. Dallas, as the first Guild in the State, started with four doctors and now lists forty-five. Austin is our most recent affiliate and the fifth Texas Guild out of seven large land-area dioceses. With Dr. Jesse J. Brady as President it has five charter members. The roster will increase after the "White Mass."

Two items on the December agenda are of wide interest:

1. A life membership in the Federation will be granted to each nun-physician. Two years ago, we made a similar presentation to priest-physicians. As the latter have moved to new assignments, we find our members in the University of Sophia in Japan and in the dark recesses of Africa and India. The nuns of Maryknoll, of the Medical Missions, of the Franciscan Medical Missionaries will likewise cherish LINACRE and *Guilds-in-Action* in distant mission fields. And in turn, they will be praying for our success at home.

2. The Catholic Physician of the Year will be honored. The biographies of the nominees are inspiring in their accomplishments for God, for Medicine, for Community and for Family. Each nominee has fully merited the Award. A nation-wide vote is in progress. It is our hope that the physician designated can be with us around the board table in Dallas.

Texas, also, will have your Federation booth in action at the American Medical Association Clinical Sessions to be held in Dallas, December 1-4. It is a "first" for the Federation at this meeting. We have participated in the annual conventions held in Chicago, New York, San Francisco, and Atlantic City but not during any of the winter sessions. The Southwest is a long trip from any of these foci. We are confident that the reception accorded the booth will be enthusiastic.

Finally, for the Officers of the Federation and for our hosts in Dallas, we bid welcome to each delegate and moderator of the eighty-six Guilds to the great State of Texas.

WILLIAM J. EGAN, M.D.

IN PRAISE OF THE DEDICATED

JOHN J. FLANAGAN, S.J.

THE NATIONAL Moderator of the Federation of Catholic Physicians' Guilds, the Rt. Rev. Msgr. Donald A. McGowan, had planned to speak to you on the occasion of this annual Memorial Mass. I can express his great regret that he cannot be present. I know that he is not here only because of his doctor's orders. I consider it an honor to be able to address you in his absence.

We have gathered here this afternoon to offer the Holy Mass and to pray for the deceased members of our National Federation and for all departed Catholic physicians. On an occasion like this, we have an opportunity to meditate on the qualities of a Catholic professional person. We may take the liberty of comparing the qualities of the Catholic physician with the qualities of men who are part of the business world.

The latter, very frankly and properly, are engaged in a type of activity which permits a person to be motivated by selfish interest. Within the limitations of charity and justice, the business man legitimately takes as his goal in life the making of money — the accumulation of wealth. He is not by his vocation in life bound by or dedicated to the unselfish service of others. Christian society recognizes this as a proper business approach.

The professional man, on the other hand, is, as it were, set aside from the cold materialistic calculations of the market place. He has chosen a vocation in life which by its nature and its tradition is devoted to serving the needs of his fellowmen. The very motivation in his life is service — service to men, women, and children — and service of a very personal and intimate nature.

The professional man has special God-given talents; he has had extensive education and developed particular skills. All of these, however, he possesses and uses not for himself or his selfish desires, but for the benefit of suffering humanity. All of these gifts are held in trust for all mankind, and especially the sick.

This concept of the professional man is beautiful and places the professions themselves on a very high and Christian plane. This understanding of a profession gives dignity and sacredness to the life and the work of a truly Catholic physician.

Father Flanagan, editor of THE LINACRE QUARTERLY, *offered the Memorial Mass and gave this address on June 10, 1959, at St. Nicholas Church in Atlantic City, N. J. This Mass for deceased physicians is always celebrated during the American Medical Association annual convention.*

This afternoon as we meditate on the work of the deceased members of our Federation, we can well think of their years of service in terms of this dedicated and unselfish service to others. These services, together with their religious observance, constitute their glory. It is well for us on this occasion to give thought to our own lives in order that we may make sure that these same ideals motivate us. It is easy to be distracted by the attractive materialistic values which surround us daily.

As we pray for our deceased members in the Mass today, we should not forget to pray for ourselves, and we should remember Catholic physicians as a group — we should pray that they shall not lose that truly Christian professional spirit which means so much in the world today and we should ask God's grace for the sick who are dependent upon the professional spirit of the medical profession.

I would be derelict in my duty today if I did not pay my respects to the wives of our Catholic physicians. It is true that as a group these men have accomplished an incalculable amount of good and continue to do so each day. Nevertheless, they could not have done so much, served so unselfishly, if they did not have the understanding, the sympathy and the support of their wives. The life of a physician is not easy, nor is the life of a physician's wife completely tranquil. Indeed, the sacrifices are frequently so great that they could not be borne if these women did not understand and share the professional idealism of their husbands. We honor them today, also.

In this Memorial Mass, therefore, we prayerfully remember deceased physicians and their wives and we pray that the traditional spirit of unselfish professional service will motivate and support all of our Catholic physicians and their wives today and throughout the year.

Federation Executive Board Meeting Scheduled

The Executive Board of the Federation of Catholic Physicians' Guilds will meet December 5-6, 1959. Time: 9:30 a. m. Place: Baker Hotel, Dallas, Texas . . . The officers of the Federation and one delegate from each active constituent Guild constituting the Board will conduct business . . . Election of Officers.

THE FRUITS OF CONSERVATISM IN THE TREATMENT OF OVARIAN PATHOLOGY

HOWARD J. CHRISTIAN, M.D.

IN THIS ERA of the atom, rockets and "radical surgery," the concept of conservatism is often frowned upon as indicating a weakness or a hollow spine. Notwithstanding this attitude, there is an increasing awareness by the medical profession that the ablation of certain organs and tissues may result in specific mental and physical deficiencies which cannot be completely compensated for by substitution therapy. The ovaries must be categorized in this group and, particularly, in those women who are still in the range of continued ovarian endocrine activity.

The trend toward conservative treatment of ovarian lesions is due to the recognition of certain functional disturbances which occur following removal of both ovaries. Ovariotomy was first instituted by Ephraim McDowell in the early nineteenth century and, after a stormy period of criticism, gradually became an acceptable and comparatively frequent procedure. Subsequently, the ovaries were removed not only for tumors, but for all types of ovarian disease, varying from the most serious to the most trivial. In fact, at one time it was a common procedure to remove the ovaries in the treatment of various mental disturbances. After a time this practice was discouraged, when it was observed that the individual was deprived not only of ovulation but also of factors which had a marked influence on the general health.

Dr. Christian is a Pathologist and Director of Laboratories at Carney Hospital, Dorchester, Massachusetts, also Assistant Professor in Pathology at Tufts University School of Medicine, Boston, Massachusetts.

SOME ASPECTS OF OVARIAN PHYSIOLOGY

As a result of the painstaking work of a number of investigators, there has been a gradual evolution of knowledge regarding the endocrine function of the ovaries. The more important of these are:

1. *Preservation of the functional capacity for pregnancy.* For the maintenance of this function, there must be one viable ovary, or a piece of one ovary, and a patent tube. Anatomically, it is conceivable that a small wedge of ovarian tissue with an intact blood supply may be adequate to maintain a normal physiological balance. The possibility of pregnancy will depend upon the presence of one or more Graafian follicles which are capable of maturation and of releasing a viable ovum. Under these circumstances, pregnancy is pos-

sible, but it is not as likely to occur as in a normal female.

2. *Continuation of menstruation.*

Even though the hope of pregnancy must be sacrificed in those cases where disease necessitates the complete removal of both tubes, the preservation of at least a piece of one ovary will generally maintain menstruation. For the present it seems reasonable to believe that the growth of the endometrium is due almost entirely to estrogenic stimulation, and that a decrease in the blood estrogen leads to rapid endometrial regression and ultimately, to menstruation. The secretory changes in the endometrium are probably initiated by progesterone, or by a combination of progesterone and estrogen.

3. *Continuation of the endocrine effect of the ovary.* When the uterus must be removed, pregnancy and menstruation are, of course, no longer possible. However, this endocrine activity is not limited to stimulating the genitalia but, in addition, exerts a profound effect upon the body as a whole, namely:

(a) upon the production of hormones which are responsible for the development of the female physical and psychological characteristics;

(b) upon the maintenance of the sexual instinct;

(c) upon the maintenance of a normal vasomotor balance.

Available data indicates that the functions enumerated may not be operative in their entirety within one or both ovaries. Furthermore, these functions may be divided between the two ovaries or, in the extreme example, be operative in only one when the second ovary is physiologically inert. Therefore, the importance of this concept is self-evident and should be a deterrent to the promiscuous removal of an ovary which is the site of minimal disease. The ovary removed may actually represent the entire mass of functional tissue in a specific case. On the other hand, preservation of a wedge of ovary does not automatically guarantee a continuation of the endocrine activity. The tissue must remain viable and maintain an adequate blood supply. If the nutritional status is impaired to the extent that the functional elements undergo ischemic atrophy, then the physiological effect is the same as that resulting from total ablation of the organ.

FACTORS RELATING TO PATHOLOGY OF BENIGN LESIONS

The pathological features of ovarian lesions have been thoroughly evaluated and discussed over a period spanning several centuries. The knowledge derived from these observations indicates that many cysts (follicular, simple unilocular, multilocular cystadenomata, "chocolate" or endometrial, luteal and dermoid) and few solid tumors (fibromata and adenofibromata) of a benign nature may simply grow in such a manner as to stretch the ovarian tissues over the outer surface. As a result of this growth pattern, a plane of cleavage usually exists between the lesion and the ovary. However,

there are some exceptions which do exist — those cases in which a large cyst or secondary inflammation results in actual destruction of tissue and in secondary functional inactivity.

There are various pathologic changes in the ovary that may be associated with characteristic endocrine effects, but these are not classified as true neoplasm. Persistent follicle cysts of the ovary represent a disturbance of ovarian physiology rather than a form of neoplasm. The cysts are lined by granulosa or thecal cells in varying proportions and either cell type may be luteinized. The term "single cyst" is used to differentiate these from the polycystic ovaries, although in many instances more than one cyst may be present. Polycystic ovaries constitute a rarer but more complex clinical and pathologic entity than the single follicle cysts. Both ovaries are involved, and usually, they are enlarged two to five times their normal size. Because of the dense, white ovarian capsule which is characteristically present, the cysts may not be visible before sectioning.[1]

The cystic ovary formerly represented a serious problem in the realm of conservatism. When the cysts were extensively distributed, the ovary was often removed under the impression that it was irreparably damaged. This idea has been radically modified as a result of the ever-increasing knowledge relating to ovarian physiology and pathology. The ovary containing these small follicular cysts actually represents a functional disturbance which often may be corrected by endocrine therapy. In some instances, there may be additional complications, such as marked enlargement of the ovary or thickening of the capsule, which interfere with ovulation. These may necessitate excision of the cystic area, puncture of cysts, or excision of part of the capsule. When a large cyst is encountered, it may be completely enucleated; thus, the entire ovary or a remnant may be left behind. Immediately upon removal, every cyst should be opened and its benignancy established before the operation is concluded. It should always be borne in mind that ovarian tumors are frequently bilateral and both ovaries must be carefully inspected or incised.

The finding of endometriosis in the young female presents a complex problem to the gynecologist. A frank discussion of the situation with the patient may very often lead to a program of periodic observation rather than to a decision involving mutilating pelvic operations. In some cases, there may exist a form of invasive and destructive endometriosis accompanied by severe symptoms which will warrant radical treatment. Under these circumstances, the involvement of the ovaries and the resultant loss of function may render conservative treatment impossible. However, there are occasional cases in which the preservation of a small ridge of ovarian tissue has been rewarded by subsequent pregnancies. The importance of a careful study of conditions found at

operation with a view to perservation of ovarian and generative function is emphasized in an instructive article by Beecham.[2] In a series of 61 cases of endometriosis in patients under the age of forty-five and with symptoms requiring operation, he was able to preserve the childbearing function in 32 (52 percent) and ovarian function in an additional 14 (23 percent). In subsequent observations of one to six years, only two patients had troublesome symptoms — a clear refutation of the theory that endometriosis necessarily requires ovarian ablation to stop symptoms.

The use of radiation alone as the initial method of treatment should be avoided in most instances. Surgery is preferable to radiation because of the opportunity it affords for conservatism with removal of large endometriomas, the correction of associated pelvic pathology and often preservation of ovarian function.

In summary, this brief analysis of the complexities and inter-relationships of ovarian physiology and pathology re-emphasizes the greater need for conservatism in the treatment of ovarian lesions. Once it has been established that a lesion is benign, every attempt should be made to spare the normal structures. In the young female, the needless sacrifice of functioning ovarian tissue may result in irreparable damage. Conversely, the sparing of only a small wedge of functioning tissue may preserve not only the endocrine activity but, in some instances, be rewarded by subsequent pregnancies.

A long-range view of a patient's total welfare is better medicine than is the myopic approach which may correct a relatively minor pathology today, but at the cost of more serious trouble tomorrow.

FOOTNOTES

[1] Morris, J. M. and Scully, R. E.: *Endocrine Pathology of the Ovary*, ed. 1, St. Louis, 1958, C. V. Mosby Co., p. 40.
[2] Beecham, C. T.: "Conservative Surgery in Endometriosis," *Am. J. Obst. and Gynec.* 52: 707-15, 1946.

International Congress of Catholic Physicians

Munich will be host to the 9th International Congress of Catholic Physicians to be held July 25 - August 1, 1960. The theme of the Congress will be: **The Physician and the Technical World.** American Catholic physicians are urged to attend. The Oberammergau Passion Play will be staged in the summer of 1960. The World Eucharistic Congress will also be held in Munich at the time of the Physicians' Congress. Those interested are urged to contact:

Dr. Pius Müller
Rupertus-Klinik, Herzog. Maxstr. 13
Bamberg (13a) Germany

M. Vincent

• Father of the Poor
• Apostle of Charity

MARIE T. AUBUCHON

My sisters, we are each like a block of stone that is to be transformed into a statue. . . . The sculptor strikes the stone so violently that if you were watching him, you would say he intended to break it in pieces. Then, when he has got rid of the rougher parts, he takes a smaller hammer, and afterward a chisel to begin the face with all its features. When that has taken form, he uses other and finer tools to bring it to the perfection which he has intended for his statue. You see, my daughters, God treats us like that.

St. Vincent de Paul

GOD WAS the sculptor who carved, with violent blows, the exquisite perfection that was to become two great saints — Vincent de Paul and Louise de Marillac.

Who was this Vincent de Paul? He was born of peasant stock, so he understood the hardships of the poor. A few years after his ordination as a priest, he was captured at sea by the Corsairs and sold as a slave in Africa. Because of this period of slavery, Vincent understood the suffering of the slave. He lived in France at a time when the galley slaves manned the huge ships, and once he freed a young man from the chains, exchanged clothing with him and set him free, putting the chains on his own legs and taking the boy's place on the galleys. The wounds from those chains were to trouble him for 40 years. Vincent de Paul learned human suffering by sharing in it. Therefore, when he opened a hospital for galley slaves, he understood their pain because once it had been his own suffering. When he fed the poor he understood the hunger of the poor.

Louise had known the sorrow of widowhood, the helpless anguish of being mother to a wayward son, and felt great repugnance toward the life of the court of France in the 17th century, with its pomp and its foulness. She was refined by the fire of zeal for the spiritual life while forced to accept the material world.

Both of these people had a love for the poor and the sick that was destined to bring them together to work for suffering mankind.

Louise was a born nurse. As a rich woman who did not find court life absorbing, she began to visit the poor and the sick regularly. The Hotel Dieu, the only hospital in Paris, was always so full that numbers were turned away from

Mrs. Aubuchon is Director of Public Information for The Catholic Hospital Association.

it each day. For the rejected there was no help of any nature. It was to them that Louise would go and no service was too menial for her to perform for their care. In the dark, unventilated hovels of the sick she washed foul bodies, combed the hair of diseased and evil-smelling people, watched with them until they were well or death claimed them.

After the death of her husband, Louise sought the advice of Vincent de Paul who had become her spiritual adviser. Her thought was to enter religious life; he discouraged the notion, recommending instead that she maintain her home in Paris and continue doing good among the sick and poor.

By this time, Vincent had begun his mission work. He and the priests of the mission congregation went about preaching and teaching in those parts of France where conditions were especially bad. Wherever they went, Vincent established Congregations of Charity, societies composed of women who banded together to tend the sick and the poor of the neighborhood. They called themselves the Servants of the Poor. But Vincent found that it was hard to keep enthusiasm high, once the mission had left the area. He therefore decided to ask Louise de Marillac to help. He sent her to all the places where his priests had labored in the rural districts, to establish conferences of charity. Louise traveled as his representative, counseled with the members, supplied them with money, and did all she could to promote the work of Christian love of neighbor. For three years she journeyed through France amid all the misery of the times and the perils of war. Then Louise began her School of Charity in Paris. She took in peasant girls, trained them in the service of the sick and the instruction of poor children. She taught them to read, cook, sew, and how to care for the sick.

In 1630 the cholera broke out in Paris, one of the worst sieges the city had known. Louise and her little group remained in the city visiting the severe cases and most infected districts.

Vincent's little group of missionaries grew. To all who came to him, Vincent offered nothing but the hardest of lives. His followers must never think of themselves. They must suffer great physical hardship, but more and more men came to join. Louise watched the rapid growth of this work with great interest and then, at long last, Vincent agreed to unite Louise and her peasant girls into a community under the guidance of a superior. Louise founded the community on November 29, 1633. In March, 1634, Vincent gave her the threefold vow.

Louise's girls did not wear a religious habit, but all dressed alike in dark blue dresses with white collars, a white handkerchief around their heads. They arose at four every morning, went to bed at nine, and spent their days in prayer and work.

The hospital of Paris, Hotel Dieu, was a building that admitted more than 20,000 patients each

year. Its management was in the hands of a few nuns, priests, and visiting doctors — all of whom had no more than an elementary knowledge of hygiene. Sometimes the hospital beds held six occupants. The bedclothing was filthy, the food inadequate. No one received spiritual care unless it was thought that death was imminent.

Louise's friend, Madame Goussault, went to the Archbishop of Paris, demanding that reforms be instituted in the hospital. The Archbishop spoke to Vincent de Paul and he in turn directed Louise to send her daughters to help. Soon the Daughters became familiar figures in the hospital. Then Vincent alerted Louise to the problem of the foundlings of Paris. Another great venture was begun. Several hundred children were being abandoned each year and being placed in a dismal dwelling called "La Couche." It was a habitat of horror rather than a foundling home, for the owner sold children to beggars who would mutilate them to make them objects of compassion, for the rich to give more alms. Other children died of hunger and neglect.

A gradual removal of the children was begun and Louise and her Daughters took charge of the little ones. Foster homes were found for some; they cared for others who were left in their charge, and took in the steady stream of deserted babies, poured onto the Paris streets.

Vincent's next project was help for galley slaves. He and his priests had done much for these convicts; tending prisoners was to be a new work for women. However, when Vincent told Louise of the problem, she did not hesitate. She and her Daughters went bravely into prisons and the ships to tend the sick, to bring food and messages from the outside world.

And so it was, that the lives of these two saints merged. Today, in the French national hall of fame, the Pantheon, there is a statue of "M. Vincent" giving mute testimony to the love even a secular world gives St. Vincent de Paul. Sociologists, social workers, nursing corps, organizers of philanthropy, all have acclaimed him. There is scarcely a modern work of charity he did not organize or reform.

Louise de Marillac's Daughters of Charity still carry on the great work of this man who has aptly been called the "Father of the Poor."

On September 27 of this year, the Vincentian Fathers and the Daughters of Charity began the celebration of the 300th anniversary of the death of St. Vincent de Paul which occurred on that day in 1660. The commemoration will extend through September, 1960. For Louise de Marillac's Daughters of Charity, serving in hospitals all over the world, the chief part of the celebration will be in continuing to carry out the wishes of St. Vincent as their beloved foundress would have commanded them.

They recall his words to those first Daughters of Charity, "When you serve those little children,

when you nurse the sick poor . . . you are honoring the life of our Lord Jesus Christ, Who so often did the same things you do. And when you serve the convicts, you are honoring the sufferings and calumnies endured by our Lord on the Cross. . . . It can truly be said of you, as of the Apostles, that you go from one place to another, and that just as they were sent by our Lord, so you are also in His name by order of your superiors."

Since St. Vincent de Paul belongs not alone, to his religious communities, but to the entire world, it is the wish of the Tercentenary Observance Committee that all the faithful join with them in honoring the anniversary of his death. There is still a great need for the charity of "M. Vincent" in the world. Perhaps in remembering his love for his fellowmen all men will find a new charity in their own hearts.

A LAWYER REVIEWS PLAN FOR LEGALIZED ABORTIONS

T. Raber Taylor
Counselor-at-Law

For the past twenty years, Mr. Taylor, practicing Colorado lawyer, has been on the part-time faculty and has given the lectures on medical-legal problems at the University of Colorado, School of Medicine. He represents clients in connection with medical-legal litigation. In his personal and individual capacity as an attorney, he addressed the following to the American Law Institute's Director of the work on a Model Penal Code that would include approval of more and easier grounds for legalized abortions. Mr. Taylor is a frequent contributor to our journal and would encourage our readers to express like views to any members of the bar they might know to uphold high medical and legal standards.

MODERN medicine and recent decisions are protecting the unborn and vindicating his rights. It is hoped that the American Law Institute does not want to encourage lower medical and ethical standards. Ethical doctors subscribe to the Hippocratic Oath. The original version provides: "I will not give to any woman anything to produce abortion." The Geneva version of the Hippocratic Oath as adopted by the World Medical Association, comprising thirty-nine national medical societies including our own American Medical Association, in part reads: "I will maintain the utmost respect for human life from the time of conception." The International Code of Medical Ethics, in defining the doctor's duty to all persons, provides: "A doctor must always bear in mind the importance of preserving human life from the time of conception until death."

Modern medicine has encouraged protection for the unborn. In the law courts in tort actions there is a modern movement giving recognition to an unborn child as, in fact, a living human person. The ancient Massachusetts opinion of Justice Holmes held that a child could not maintain a civil action for prenatal injuries sustained prior to his birth. The primitive reasoning was that the unborn child is a part of its mother. Although New York at first followed Massachusetts, Justice Cardozo dissented without giving his reasons. The recent decisions of the United States District Court for the District of Columbia (1946) and of the highest courts of the states of Minnesota and Ohio (1949), of California (1939), of Kentucky and Oregon (1955), and of New Hampshire (1958), recognize the rights of the unborn and permit a civil suit for negligence or malpractice based on prenatal injuries. Ohio, Missouri, Illinois and New York in former times followed the unscientific rule first adopted in Massachusetts. Now

Ohio, Illinois, New York and Missouri have overruled their earlier decisions and today recognize the unborn child as a person and permit recovery for negligent prenatal injuries. In fact, New York and New Hampshire allow recovery whether the infant was viable or not.

Tentative approval by the American Law Institute apparently was given to Section 207.11 (2): "Under Section 207.11 (2), an abortion is declared to be justifiable if performed by a licensed physician on the basis of belief that 'there is substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother or that the child would be born with grave physical or mental defect, or the pregnancy resulted from rape by force, or its equivalent . . . or from incest.' "

No careful lawyer would claim that the above quoted provisions are a restatement of the criminal law on abortion as found in the United States. An analysis of the various phrases declaring an abortion to be justified supports the conclusion that the tentatively adopted provisions would stimulate more and easier legalized abortions.

First: An abortion is declared to be justifiable if performed by a licensed physician on the basis of belief that there is substantial risk that continuance of the pregnancy would gravely impair the physical health . . . of the mother. In Britain and thirty-one states of the United States a therapeutic abortion is legal only if performed to save the *life* of the mother. In only three states (Maryland, New Mexico and Colorado) and the District of Columbia is a therapeutic abortion permitted to prevent *physical harm* to the mother. The Colorado statute is typical and places the burden on the doctor to establish the necessity to prevent serious and permanent bodily injury to the mother. (Colorado Revised Statutes 1953, 40-2-23; *Johnson* v. *Rice*, 33 Colo. 224; 80 Pac. 133.) In 1899 some competent and conscientious doctors did perform therapeutic abortions to save the life of the mother but in 1949 and 1959 the advances in medicine and obstetrics have made childbearing eight to ten times safer than it was in 1930. These advances have prompted doctors to advocate outlawing any therapeutic abortions even on the assumed ground of saving the life of the mother.

In the November 1951 meeting of the Clinical Congress of the American College of Surgeons, Dr. Samuel A. Cosgrove of Columbia University and Margaret Hague Maternity Hospital, New York and Dr. Roy J. Heffernan of Tufts Medical College and Carney Hospital, Boston, favored the outlawing of therapeutic abortions. "Anyone who commits therapeutic (legal) abortion today," said Dr. Heffernan, "does so because he is either ignorant of the modern methods of treating the complications of pregnancy or is unwilling to take the time to treat them." Dr. Cosgrove agreed.

Second: Is it justifiable under the law if a physician performs

an abortion on the basis of belief that there is substantial risk that continuance of the pregnancy would gravely impair "the mental health of the mother?" No statute of any state of the United States or reported decision has been found to countenance a therapeutic abortion for psychiatric reasons. Nicholas J. Eastman, M.D., Professor of Obstetrics, The Johns Hopkins University, School of Medicine, contributed the Obstetrical Foreword to the 1954 edition of *Therapeutic Abortion* by Harold Rosen, Ph.D., M.D. In the Foreword Dr. Eastman states:

> By and large, obstetricians have performed therapeutic abortion on psychiatric indications begrudgingly. They have been inclined to regard the indications which their psychiatric colleagues bring to them as too esoteric and intangible to be convincing; and the thought has not infrequently crossed their minds that a clever, scheming woman is simply trying to hoodwink both psychiatrist and obstetrician. The present volume goes far toward correcting those misapprehensions on the part of obstetricians. Indeed, from the statements and case histories which psychiatrists present in this volume, it is clear that their opinion is veering rapidly toward greater conservatism. The guilt complex which sometimes follows artificially produced abortion receives especial emphasis. Author after author uses such phrases as 'the sense of guilt or inadequacy which appears directly related to an abortion,' 'psychic hangovers from abortion,' 'traumatic experience of an abortion,' 'the effect of the termination on the integrity of the woman's personality structure,' 'emotional trauma which the woman will subsequently experience,' to say nothing of the stress laid on 'exceedingly depressed hysterectomized patients' and suicidal tendencies in vasectomized men. The feeling is growing apparently among the leaders in psychiatry that therapeutic abortion on psychiatric grounds, is often a double edged sword and frequently carries with it a degree of emotional trauma far exceeding that which would have been sustained by continuation of pregnancy.

Dr. Ewen D. Cameron, Director, Allan Memorial Institute of Psychiatry in the Psychiatric Foreword to the same book states: "The progress of medicine is rendering therapeutic abortion less and less important, and less and less frequent."

THIRD: Is it justifiable under the law if a licensed physician performs an abortion on the basis of belief that there is substantial risk that if the pregnancy is continued the child would be born with grave physical or mental defect? No statute in the United States nor reported decision permits an eugenic abortion. It is true that by reason of certain Australian studies a few doctors in recent years have performed eugenic abortions in the first three months of pregnancy where the mother had German measles or rubella. The later and better studies have withdrawn medical support for such eugenic abortions. For example, the October 12, 1957 issue of the *Journal of the American Medical Association* carries an important article and editorial. The article by M. Greenberg, O. Pellitteri, and J. Barton, "Frequency of Defects in Infants Whose Mothers Had Rubella During Pregnancy" *J.A.M.A.*, 165: 675-678, points out that many of the previous studies were incorrect. The authors state: "Blanket advocacy of therapeutic abortion in pregnant women who develop rubella during the early months of pregnancy is medically unjustified."

The editorial "Rubella in Pregnacy" in the same issue includes

the statement, "The fact that the chances that the infant will be normal in spite of the mother's infection are much better than was formerly thought seems a valid reason not to interrupt the pregnancy." If every woman with German measles in early pregnancy has an 88 per cent chance to have a normal child, should we permit a doctor on his own opinion to destroy the unborn child? Doctors, as yet, are not endowed with infallibility and prescience to predict the sex of an unborn child let alone to determine whether a child will suffer any physical or mental defect.

FOURTH: Does the law countenance an abortion where the pregnancy resulted from rape by force or its equivalent . . . or from incest? Again there is no statute of any state in the United States nor reported decision which countenances such abortions. In cases such as rape the doctor is asked to execute the unborn child because his mother has been ravaged. Some doctors may have aborted a woman in such circumstances but many have felt that the trauma of the abortions would have been more destructive than permitting th pregnancy to go to full term an have the child relinquished f adoption.

It is hoped that the final draft of the American Law Institute's Model Penal Code will not disregard the modern advances in medicine and the better reasoning found in the recent tort cases that give support and protection to the unborn. It would be better if the final draft, if it is to indulge in advocacy, would advocate the outlawing of abortion. If the Penal Code is to be a restatement of the criminal law then it should respect the statutes and decisions of our states. May the final draft not be a pretended code encouraging abortion on more and easier grounds.

This is submitted with respect and as an outgrowth of deep interest in encouraging higher and better medical and legal standards.

And Jesus Had Compassion on the Multitudes . . .

JEAN READ

WE GROW thoughtful regarding the Miracles of Our Lord during His public life, and the number of times the Gospels make mention of His concern for the sick is cause for wonderment. "Signs" were constantly demanded as proof of His divinity. Everywhere He went was the clamor, "Give us a sign . . ." Many would not believe in Him otherwise. He must have been deeply hurt at this continual demand, but the sick and the infirm knew His great compassion and through them He manifested to those insistent doubters the power that was His alone.

Artists have touched brush to paintings of "Christ Healing the Sick" and prayers have been written in numbers to ask His help for those ill of many diseases.

Those whose lives are dedicated to caring for the sick can take comfort in Our Lord's great concern for the unfortunate and can be called "Other Christs" for His sake.

St. Matthew was the first of the Evangelists who wrote the Holy Gospel of Jesus Christ. It is the freshness of this first writing that had appeal for your scribe and the reason for choosing this Gospel to follow Our Lord in "going among the people and doing good."

A reading reveals that no less than thirty times there is mention of sickness in some form, either of the body or of the spirit. The first simple statement occurs soon after He began calling together His Apostles. He had left Nazareth and come to dwell in Capharnaum. Walking by the sea of Galilee, Peter and Andrew were the first invited to "leave their nets to follow Him." James and John likewise "left the mending of their nets and father and followed Him." *Chapter 4, verse 23* reads: And Jesus went about all Galilee, teaching in their synagogues and preaching the gospel of the kingdom and healing all manner of

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sickness and every infirmity among the people. And, again, in the same chapter, *verse 24* — And his fame went throughout all Syria: and they presented to him all sick people that were taken with divers diseases and torments and such as were possessed by devils and lunatics and those that had the palsy: and he cured them.

Chapter 8 follows the Sermon on the Mount. When Our Lord came down from the mountain, great multitudes followed Him. *Verses 2-4* relate: And behold a leper came and adored him, saying: Lord, if thou wilt, thou canst make me clean. And Jesus stretching forth his hand, touched him, saying: I will. Be thou made clean. And forthwith his leprosy was cleansed. And Jesus saith to him: See thou tell no man: but go, shew thyself to the priest and offer the gift which Moses commanded for a testimony unto them.

The well-remembered narrative of the centurion whose servant was sick follows in *verses 5-13:* And when he had entered into Capharnaum, there came to him a centurion, beseeching him. And saying: Lord, my servant lieth at home sick of the palsy and is grievously tormented. And Jesus saith to him: I will come and heal him. And the centurion making answer, said: Lord, I am not worthy that thou shouldst enter under my roof; but only say the word and my servant shall be healed. For I also am a man subject to authority, having under me soldiers; and I say to this, Go, and he goeth, and to another, Come, and he cometh, and to my servant, Do this, and he doeth it. And Jesus hearing this, marvelled and said to them that followed him: Amen I say to you, I have not found so great faith in Israel. I say to you that many shall come from east and the west, and shall sit down with Abraham and Isaac and Jacob in the kingdom of heaven: But the children of the kingdom shall be cast out into the exterior darkness. There shall be weeping and gnashing of teeth. And Jesus said to the centurion: Go, and as thou has believed so be it done to thee. And the servant was healed at the same hour.

Peter's family was spared the loss of a dear member. *Verses 14 and 15* relate simply — And when Jesus was come into Peter's house, he saw his wife's mother lying and sick of a fever. He touched her hand and the fever left her: and she arose and ministered to them.

Two passages follow that indicate His great mission to help the multitudes (*verses 16 and 17*): And when evening was come, they brought to him many that were possessed with devils: and he cast out the spirits with his word: and all that were sick he healed: that it might be fulfilled, which was spoken by the prophet Isaias, saying: He took our infirmities and bore our diseases.

The boat in which Christ and the disciples had put out from shore would have been lost at sea had Our Lord not risen from sleep and miraculously stilled the tempest. On the other side of the water, He drove the devils out of

two men possessed and suffered them to go into the swine, to perish in the sea.

Entering a boat, He passed over the water and came to His own city. *Chapter 9* relates those memorable miracles of health restored. *Verses 2-8* tell of faith and sickness: And behold they brought to him one sick of the palsy lying in a bed. And Jesus, seeing their faith, said to the man sick of the palsy: Be of good heart, son. Thy sins are forgiven thee. Behold some of the scribes said within themselves: He blasphemeth. Jesus seeing their thoughts, said: Why do you think evil in your hearts? Whether it is easier to say, Thy sins are forgiven thee: or to say, Arise, and walk? But that you may know that the Son of man hath power on earth to forgive sins, (then said he to the man sick of the palsy): Arise, take up thy bed and go into thy house. He arose and went into his house. And the multitude seeing it, feared, and glorified God that gave such power to men.

Jesus, Himself, spoke to the Pharisees who asked the disciples why their Master ate with publicans and sinners. His own brief reply is found in *verses 12 and 13:* But Jesus hearing it, said: They that are in health need not a physician, but they that are ill. Go then and learn what this meaneth, I will have mercy and not sacrifice. For I am not come to call the just, but sinners.

The daughter of Jairus lay dead and he came to Jesus pleading for His help. Immediately Our Lord rose up, but before He could be on the way, a woman of great faith and ill for many years touched His robe, and was cured. The poignant events are related in *verses 18-26:* As he was speaking these things unto them, behold a certain ruler came and adored him, saying: Lord, my daughter is even now dead; but come, lay thy hand upon her and she shall live. And Jesus rising up followed him, with his disciples. And behold a woman who was troubled with an issue of blood twelve years came behind him and touched the hem of his garment. For she said within herself: If I shall touch only his garment, I shall be healed.

The sightless, too, knew His compassion (*verses 27-31*): And as Jesus passed from thence, there followed him two blind men crying out and saying, Have mercy on us, O Son of David. When he was come to the house, the blind men came to him. And Jesus saith to them: Do you believe that I can do this unto you? They say to him: Yea, Lord. Then he touched their eyes, saying: According to your faith, be it done unto you. And their eyes were opened. And Jesus strictly charged them, saying: See that no man know this. But they going out, spread his fame abroad in all that country.

He who could not speak was cured (*verses 32-36*): And when they were gone out, behold they brought him a dumb man, possessed with a devil. And after the devil was cast out the dumb man spoke. And the multitudes wondered, saying: Never was the like

seen in Israel. But the Pharisees said: By the prince of devils he casteth out devils. And Jesus went about all the cities, and towns, teaching in their synagogues, and preaching the gospel of the kingdom and healing every disease and every infirmity. Seeing the multitudes, he had compassion on them: because they were distressed and lying like sheep that have no shepherd.

So great was Jesus' desire to do His Father's Will "having called his twelve disciples together, he gave them power over unclean spirits, to cast them out and to heal all manner of disease and all manner of infirmities." In *verse 8* of *chapter 10,* He directs: Heal the sick, raise the dead, cleanse the lepers, cast out devils. Freely have you received: freely give.

Commands were tempered with promise. *Verse 42* reads: And whosoever shall give to drink to one of these little ones a cup of cold water only in the name of a disciple, amen I say to you, he shall not lose his reward.

In *chapter 11* Christ sends back John's disciples to relate the extent of His labors (*verse 5*): The blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead rise again, the poor have the gospel preached to them.

Healing on the Sabbath was considered unlawful. To ensnare Jesus, the priest confronted Him with the act of mercy He performed in their synagogue (*chapter 12, verses 10-15*): And behold there was a man who had a withered hand. And they asked him saying: Is it lawful to heal on the sabbath days? that they might accuse him. But he said to them: What man shall there be among you that hath one sheep; and if the same fall into a pit on the sabbath day, will he not take hold on it and lift it up? How much better is a man than a sheep? Therefore it is lawful to do a good deed on the sabbath days. Then he saith to the man: Stretch forth thy hand. And he stretched it forth, and it was restored to health even as the other. And the Pharisees going out made a consultation against him, how they might destroy him. But Jesus knowing it retired from thence. And many followed him; and he healed them all.

Still another poor creature was brought forward (*verse 22*): Then was offered to him one possessed with a devil, blind and dumb; and he healed him, so that he spoke and saw.

When the multitudes expressed amazement at the things they saw and heard and asked: Is not this the son of David? The Pharisees would have none of it claiming that Jesus cast out devils by Beelzebub the prince of the devils (*verse 24*). They did this to incite the people against Him.

Herod the Tetrarch had apprehended John the Baptist; in prison he had been beheaded. His disciples came and took the body and buried it and came and told Jesus. When Jesus had heard, he retired from thence by a boat into a desert place apart: but the multitudes heard of it and followed him on foot out of the cities. Again (*chap-*

ter 14, verse 14), And he coming forth saw a great multitude and he had compassion on them and healed their sick.

One's eye can see the events of the boat tossed on the waves — Our Lord walking on the turbulent water — Peter, frightened and calling to Him to be saved, and more, asking Him to bid the disciple come to Him if it were not an apparition; then the wonder of Christ calling this frightened follower whose lack of faith would have caused him to perish in the sea, had not the Master stretched out His hand for safety. When they finally came upon the boat, the wind ceased. Having passed over the water, they came into the country of Genesar. *Verses 35* and *36* give further account of Christ's miracles. And when the men of that place had knowledge of him, they sent into all that country and brought to him all that were diseased. They besought him that they might touch but the hem of his garment. And as many as touched were made whole.

In *chapter 15,* St. Matthew gives account of Our Lord reproving the scribes and Pharisees for hypocrisy. Then traveling to the coasts of Tyre and Sidon, a woman of Canaan came crying to Him, begging that He have mercy as her daughter was grievously troubled by a devil. He answered not a word and His disciples felt she should be sent away and not trouble them further. But the woman persisted, begging for help. He answered saying: It is not good to take the bread of the children and to cast it to the dogs. But she said: Yea, Lord; for the whelps also eat of the crumbs that fall from the table of their masters. Then Jesus answering, said to her: O woman, great is thy faith. Be it done to thee as thou wilt. And her daughter was cured from that hour. (*verses 26-28*).

Journeying onward, Jesus and his disciples came to the sea of Galilee. Then going up into a mountain, he sat there. In *chapter 15, verses 30-31* continue: And there came to him great multitudes, having with them the dumb, the blind, the lame, the maimed and many others. And they cast them down at his feet. And he healed them: So that the multitudes marvelled, seeing the dumb speak, the lame walk, the blind see. And they glorified the God of Israel.

Nor would Jesus send them away hungry. *Verses 32-39* recount the awesome multiplication of the loaves and fishes. Calling together the disciples Our Lord said: I have compassion on the multitudes, because they continue with me now three days and have not what to eat. And I will not send them away fasting, lest they faint in the way. And the disciples say unto him: Whence then should we have so many loaves in the desert as to fill so great a multitude? And Jesus said to them: How many loaves have you? But they said: Seven, and a few little fishes. And he commanded the vast crowd to sit down on the ground. And taking the seven loaves and the fishes and giving thanks, he brake and gave to his

disciples: and the disciples gave to the people. And they did all eat, and had their fill. And they took up seven baskets full, of what remained of the fragments. And they that did eat were four thousand men, besides children and women. And having dismissed the multitude, he went up into a boat and came into the coast of Magedan.

Jesus began to show his disciples that he must go to Jerusalem and suffer many things. The time came when He took with him Peter and James and John and his brother and brought them to a high mountain. Here He was transfigured before them; the glory of it all they were to tell no man "Till the Son of man be risen from the dead." And coming down from the mountain they came to the multitude out of which crowd there came to him a man falling down on his knees before him, saying: Lord, have pity on my son, for he is a lunatic and suffereth much: for he falleth often into the fire and often into the water. And I brought him to thy disciples and they could not cure him. Then Jesus answered and said: O unbelieving and perverse generation, how long shall I be with you? How long shall I suffer you? Bring him hither to me. And Jesus rebuked him. And the devil went out of him: and the child was cured from that hour. Then came the disciples to Jesus secretly and said: Why could not we cast him out? Jesus said to them: Because of your unbelief. For, amen I say to you, if you have faith as a grain of mustard seed, you shall say to this mountain, Remove from hence hither, and it shall remove; and nothing shall be impossible to you. But this kind is not cast out but by prayer and fasting. (*chapter 16, verses 14-19.*)

Everywhere crowds were with Jesus. He departed from Galilee and came into the coasts of Judea, beyond Jordan. And great multitudes followed him: and he healed them there (*chapter 19, verses 1-2*).

St. Matthew relates the plea of the mother of the sons of Zebedee who had great hopes that her beloved offspring might have the right and left places in Christ's kingdom. Jesus' reply is well known to all. And when they, Our Lord and the disciples, went out from Jericho, a great multitude followed him. And behold two blind men sitting by the wayside heard that Jesus passed by. And they cried out, saying: O Lord, thou son of David, have mercy on us. And the multitude rebuked them that they should hold their peace. But they cried out the more, saying: O Lord, thou son of David, have mercy on us. And Jesus stood and called them and said: What will ye that I do to you? And they say to him: Lord, that our eyes be opened. Jesus having compassion on them, touched their eyes. And immediately they saw and followed him (*chapter 20, verses 29-34*).

Shouts of "Hosanna to the son of David. Blessed is he that cometh in the name of the Lord: Hosanna in the highest!" followed Jesus as he entered Jerusalem. A very great multitude spread their

garments in the way, and others cut boughs from the trees and strewed them in the way. And Jesus went into the temple of God and cast out all them that sold and bought in the temple and overthrew the tables of the money changers and the chairs of them that sold doves. And he saith to them: It is written, My house shall be called the house of prayer; but you have made it a den of thieves. Midst anger, tho, Our Lord had pity as St. Matthew tells us, "And there came to him the blind and the lame in the temple: and he healed them" *(chapter 21, verse 14).*

In speaking of the Last Judgment the stricken are not forgotten. *Chapter 25, verses 34, 36, 39, 40, 43, and 44,* tell us "Then shall the king say to them that shall be on his right hand: Come ye blessed of my Father, possess you the kingdom prepared for you from the foundation of the world. For I was sick, and you visited me . . . Then shall the just answer him, saying: Lord, when did we see thee sick . . . and come to thee? And the king answering shall say to them: Amen I say to you, as long as you did it to one of these my least brethren, you did it to me." For those on the left hand of God, the reverse is true. These shall go into everlasting punishment.

Suffering supreme — the Passion and death of Jesus — are simply related in various verses of *chapter 27.* . . . And when morning was come, all the chief priests and ancients of the people took counsel against Jesus, that they might put him to death. And they brought him bound and delivered him to Pontius Pilate the governor. . . . Then he released to them Barabbas; and having scourged Jesus, delivered him unto them [the people] to be crucified. Then the soldiers of the governor taking Jesus into the hall, gathered together unto him the whole band. And stripping him, they put a scarlet cloak about him. And platting a crown of thorns, they put it upon his head, and a reed in his right hand. And bowing the knee before him, they mocked him, saying: Hail, King of the Jews. And spitting upon him, they took the reed and struck his head. And after they had mocked him, they took off the cloak from him and put on him his own garments and led him away to crucify him. . . . And they came to the place that is called Golgotha, which is the place of Calvary. And they gave him wine to drink mingled with gall. And when he had tasted, he would not drink. And after they had crucified him, they divided his garments, casting lots. . . . And they sat and watched him. And they put over his head his cause written: THIS IS JESUS THE KING OF THE JEWS. . . . Now from the sixth hour, there was darkness over the whole earth, until the ninth hour. And about the ninth hour, Jesus cried with a loud voice, saying: Eli, Eli, lamma sabacthani? That is, My God, My God, why hast thou forsaken me? And some that stood there and heard said: This man called Elias. And immediately one of them running took a sponge and filled it with vinegar and put

it on a reed and gave him to drink. And the others said: Let be. Let us see whether Elias will come to deliver him. And Jesus, again crying with a loud voice, yielded up the ghost.

And He Who loved mankind, with particular compassion for those ill in body or in spirit, gave His own life on a cross, suffering for those He came to save. His followers can only hope to give "signs" of His mercy through love and compassion when the opportunity is theirs to "go about doing good."

Current Literature: *Titles and Abstracts*

The purpose of this department in THE LINACRE QUARTERLY *is to make available by titular listing such current articles as are thought to be of particular interest to the Catholic physician by virtue of their moral, religious, or philosophic implications. It is not limited to the medical literature although, of necessity, this source is the most fruitful. When abstracts appear, they are intended to reflect the content of the original article. Parenthetical editorial comment may follow the abstract if considered desirable. Contributions from readers are invited.*

Stahlgren, L. H. and Ferguson, L. K.: Effects of abdominoperineal resection on sexual function in sixty patients with ulcerative colitis, *A.M.A. Arch. Surg.*, 78:604-610, April, 1959.

Sexual function was studied in 60 patients who underwent abdominoperineal resection for far-advanced ulcerative colitis. There were 25 men and 35 women. Five of the 25 men complained of sexual dysfunction, but only one of these was under 51 years of age. The lone exception was a 37 year old man whose period of post-operative follow-up was only one year. In all five patients the disability was partial and there was continued improvement in two. There was no case of complete impotence. Only two of the 24 women who could be evaluated complained of disturbances. If the surgeon avoids damage to the pelvic autonomic nerves there is little likelihood that patients in the sexually active years will notice any alteration of function following abdominoperineal resection. When performed for inflammatory disease, this operation should be more limited than when the indication is cancer.

Bier, W. J. (S.J.): Goals in pastoral counseling, *Pastoral Psychology*, 10:7-13, February, 1959.

Pastoral counseling, about which there is considerable confusion, is neither guidance nor psychotherapy. Guidance, technically speaking, is a derivative of education, in which the object is to impart information of some sort, as befits a teacher. Psychotherapy is a derivative of psychiatry, the object of which is to diagnose and treat mental disorder. But many people cannot be helped by guidance, and do not need psychotherapy. For them, proper care may be expressed as counseling, a derivative of psychology, which stands between guidance and psychotherapy. It is concerned with the development of self-understanding, not by advice, but by helping the person to think out the solution for himself. It involves more than a mere solution of the problem, and looks rather to the development of attitudes more emotional than intellectual. As such, it must necessarily involve personal relationships.

As counselor, the pastor should limit himself to people who are normal, and consider his counseling as an adjunct to pastoral care, which is primarily religious. He cannot allow himself to become a secular counselor. There is a problem, however, in uniting counseling and overall pastoral aims. The objective of each is distinct. The goal of pastoral care is union with God; that of counseling, psychological insight. The pastoral counselor must keep both in mind, and use the one to assist the other. Hence, pastoral counseling should make men more able freely to accept God's plan for them. With this in mind, it is clear that the pastoral counselor ought to restrict himself to people whose problems have some religious overtones; others should be referred to secular counselors, although it is not always readily apparent whether a religious difficulty is radically one of personality maladjustment or vice versa. Functioning in the ways noted, pastoral counseling can be both supportive of other types of counseling and therapeutic in its own right. — C.A.W.

Godin, A. (S.J.): Action thérapeutique et action pastorale, *La Vie Spirituelle—Supplement*, 11:21-30, January-March, 1958.

There is a real unity in the human personality, even in the neurotic personality. A weakness in one faculty always means a weakness of the total personality. But there is a distinction between psychi-

atric and pastoral activity. On the purely psychic level, there exists a methodological determinism of countless psychic forces, even in those actions which appear to be an exercise of "free choice," and even such actions can be predicted. Is liberty thus destroyed? No. Psychic determinism furnishes only the "matter" for free decisions, and such determinism obtains only in that psychic terrain to which the science is limited. This area forms the dispositive material cause for our human acts. But God's work in the soul does not depend on these psychic dispositions.

Although their activity is parallel, psychotherapeutic and pastoral activities have different purposes. The pastoral guide does not attempt a psychic cure or change, and is, therefore, not concerned with deterministic unconscious forces. He is concerned with actual conscious conflicts in the moral order. There is not room for transference in his relationship with the patient. The psychiatrist establishes a functional, transferred relationship between two persons; the pastoral guide serves as an intermediary between God and the soul, and establishes, therefore, a relationship between three persons.

— C.A.W.

Rynearson, E. H.: "You are standing at the bedside of a patient dying of untreatable cancer," *CA (Bulletin of Cancer Progress*, publ. by American Cancer Society), 9:85-87, May-June, 1959.

In the terminal cancer patient the use of "heroic measures" to prolong life is not warranted. When fully apprised of the medical situation, neither the relatives nor the patient are apt to demand that such extraordinary means be employed. No religious body requires their use. (Both the allocution of Pope Pius XII and Father Kelly's "Preserving Life" are quoted.) The dying patient with untreatable cancer should be permitted to die with dignity, respect, and humanity; he should die with minimal pain; and he should have the opportunity to recall the love and benefits of a life-time of sharing.

[This issue of *CA* is largely devoted to the philosophic problems associated with the treatment of malignancy which is incurable or recurrent. It contains several abstracts of papers concerned with palliative procedures in the management of the terminal cancer patient.]

Transfusions for patients with cancer (in "Questions and Answers"), *J.A.M.A.*, 169:1146, March 7, 1959.

A physician wrote regarding the propriety of administering blood transfusions to patients who enter the hospital in terminal or near terminal stages of carcinomatosis. The consultant's reply indicated that transfusions might be useful under these circumstances if the patient had symptoms attributable to anemia and if the latter could not be corrected by other means. The anemia secondary to disseminated cancer, unless complicated by blood loss, is characteristically moderate and asymptomatic, and transfusion is not of significant benefit. The consultant concludes, "It should be emphasized, however, that patients with incurable cancer deserve as careful and considerate symptomatic or palliative treatment as patients ill with non-neoplastic diseases."

White, L. P.: Studies on melanoma; II. sex and survival in human melanoma, *New Eng. J. Med.*, 260:789-797, April 16, 1959.

Melanoma has an approximately equal sex incidence but the prognosis is better in women than in men. The effect of pregnancy on survival is not known but some data suggest that gestation has a deleterious influence. However, there is no report in which actual survival statistics in a group of pregnant women are calculated or in which survival of pregnant women is compared with that of nonpregnant women of the same age. Interruption of pregnancy does not appear to improve the survival of women pregnant during the course of the disease.

McReavy, L. L.: A.I.H., *Clergy Review*, 43: 362-365, June, 1958.

A reply to a question concerning the morality of artificial insemination and clarifying a moral question emphasizes the fact that it is not the means of obtaining the semen that determines the morality of artificial insemination, but rather the fact that the procreative right of husband and wife is limited by the natural law to the *natural* act of procreative intercourse. Hence, artificial insemination is unlawful because of the unnatural means of introducing the seed. Therefore, even if masturbation were not inherently evil, or if removal of semen from the seminal vesicles were not mutilation, still artificial insemination would be immoral because it is unnatural.

— L.J.H.

Connery, J. R. (S.J.): Medico-moral problems; questions about Baptism, *Hosp. Progress,* pp. 64-66, April, 1959.

In this paper numerous practical questions related to the Sacrament of Baptism are answered authoritatively. Particular emphasis is placed on such problems as might arise in a medical setting, such as emergency infant baptism.

Offen, J. A.: The role of the gynecologist in family and marriage counseling, *Obstet. and Gynec.,* 13: 302-310, March, 1959.

In the past two decades there have been great advances in diagnosis, therapy, and preventive medicine. The specialty of obstetrics and gynecology has shared in these advances. The gynecologist is uniquely situated and equipped to provide counsel for the physical and particularly the emotional problems associated with the female reproductive system. His role can be divided into the following categories: (1) prophylaxis or premarital counseling, (2) therapeutics or marriage and family counseling, and (3) group education. The writer discusses these subdivisions and includes an appendix of available teaching material.

Johnson, C. A.: The pre-marital lecture, *Current Medical Digest,* pp. 100 and 103, July, 1959 (condensed from *South Dakota J. Med. & Pharm.,* March, 1959).

The physician's pre-marital lecture is usually expected to concern itself with the physical aspects of marriage. This approach is often unnecessary. "Sex is important, but learning to live together pleasantly with a minimum of friction is the most important aspect of marriage." The author details several practical rules that are of help in this regard.

[As a polemic work, the book examined below does not lend itself to simple abstracting. Hence, we depart from customary practice and present instead the following critique.]

Daly, C. B.: A criminal lawyer on the sanctity of life, *The Irish Theological Quarterly,* 25: 330-366, October, 1958.

Dr. Glanville Williams' book, *The Sanctity of Life and the Criminal Law,* despite its inaccuracies and lack of knowledge, has been acclaimed by many reviewers. Hence, its inaccuracies and errors must be exposed.

Dr. Williams is no theologian. He misrepresents Catholic teaching by affixing "smear words" to Catholic doctrines he does not like, and a "cheer word" to the opposed practices which he does like. He is a propagandist in the pejorative sense of that word.

He assumes that the right treatment for animals is, *eo ipso,* right treatment for men. Seldom does Dr. Williams confine himself to his field of competence. When he does, he talks sense. Dr. Williams has rather chosen to launch a diatribe involving moral philosophy, in which he is incompetent, and theology, of which he is ignorant. He attacks natural law as the result of the Catholic moralist attempting to deduce an *ought* for an *is.* He believes Christianity finds something unclean and sinful in the sexual instinct. He denies the existence of the soul and therefore condones abortion, euthanasia. He sees contraception as taking sadness out of love.

All in all, Dr. Williams belongs to that group of humanists who cannot tolerate men as they are. He wants to manufacture something better. But this humanism cannot create; it can only destroy. All the chapters of Dr. Williams' book have to do with the destruction of life. Dr. Williams, however, has taught us what a scientific humanist is. He is one who believes in science, but does not believe in man. — R.L.M.

Fraser, F.: Therapeutic implications of genetics, *J. Royal Army Med. Corps,* January, 1959.

The broadening knowledge of genetics affords a more complete concept of the influence of inherited factors on both health and disease processes. By careful genetic study more and more human illnesses are being recognized as due to a dominant or a recessive mutant gene. Improved knowledge of this nature has already led to more effective therapy for such metabolic dyscrasias as methemoglobinemia, galactosemia, and phenylketonuria. "I believe that there is much more to come from the science of genetics, apart from any control of marriage between individuals who are carriers of the same recessive gene, which would prove extremely difficult in practice."

Donnelly, R. C. and Ferber, W. L. F.: The legal and medical aspects of vasectomy, *J. Urol.,* 81: 259-263, February, 1959.

The writers, one a lawyer and the other a urologist, focus their attention on therapeutic [contraceptive] vasectomy.

Sterilization performed to protect the patient's physical or mental health is lawful. Written consent should be secured from the patient and spouse, or from a parent or guardian if the patient is minor or incompetent, before performing sterilization. Vasectomy constitutes a logical contraceptive measure. The incidence of operative failure due to recanalization can be reduced by careful technic. The operation may be reversible in some instances.

Report of Dinner Conference on Professional Attitudes Toward Vasectomy, *Human Betterment Association of America*, 105 W. 55th St., New York 19, N. Y., April 24, 1959.

Early in the program a report was rendered concerning the state-sponsored sterilization plan in the provinces of Madras, Bombay, and Kerala, India. In Madras 40 rupees ($8.00) is paid by the state to each individual submitting to vasectomy and 10 rupees for each new subject brought in by canvassing. Some anxiety was expressed that such payments might induce men to submit to the operation without appreciating its irreversible nature. This presentation was followed by a discussion of the legal liability attaching to the performance of vasectomy by a physician. The next item was a report which indicated an incidence of between 2 and 10 per cent spontaneous re-anastomosis of the vas following vasectomy done under optimal conditions; successful surgical re-anastomosis was achieved in 40 per cent of 420 operations. Although some conferees recommended a research program directed at developing an improved technic for surgical reversal of vasectomy, others opposed this as "contrary to the basic principles we are looking for, a permanent versus temporary method of conception control."

Doyle, J. B.: Cervical tampon — synchronous test for ovulation; simultaneous assay of glucose from cervix and follicular fluid from cul-de-sac and ovary by culdotomy, *J.A.M.A.*, 167: 1464-1469, July 19, 1958.

A simple test, which can be done at home, has been devised to demonstrate the sharp rise in glucose concentration of the cervical secretion synchronous with ovulation. The test is simple, inexpensive, and useful for promoting or postponing pregnancy. The daily use of a strip of "Tes-Tape" (containing the enzyme glucose oxidase) held over the tip of a plastic-covered tampon will permit the observation of the maximal green color, indicating the occurrence of ovulation. This is the optimal time for the infertile couple to attempt conception. When medically desirable, the method of periodic continence can be more easily practiced in this manner than with simple calendar calculation or the unaided use of the often misleading basal temperature charts. — J.E.H.

Murray, D. S.: Statistical method for determination of ovulation time in women, *J.A.M.A.*, 170: 42-43, May 2, 1959.

The writer has developed an equation that permits a more critical determination of the ovulation time of women than is possible with the use of chemical procedures alone, since the equation takes account of individual variations in length of menstrual cycle.

Doyle, J. B. and Ewers, F. J.: The fertility testor, *J.A.M.A*, 170: 45-46, May 2, 1959.

Accurate calculation of ovulation time can be made with the simultaneous use of basal temperature charts and determination of cervical glucose content. The latter examination is expedited by using a modified plastic syringe-like instrument which permits ready application of the test paper ("Tes-Tape") to the cervical mucus.

Salvaggio, A. T.: Tests for determining time and occurrence of ovulation; an evaluation of the "Tes-Tape" technic, *Harper Hosp. Bull.*, 17: 118-125, May-June, 1959.

The determination of the time of ovulation in women is of considerable importance for many reasons. An elevation of the basal body temperature at the time of ovulation furnishes a simple, practical method of estimating the time of ovulation, but it is not completely accurate. Hormonal assays are difficult and tedious. Recently a new technic has become available, based upon alteration in the chemistry of the cervical mucus coincident with ovulation. By studying the color response of a simple indicator paper ("Tes-Tape") it is said to be possible to determine the time of ovulation. A clinical evaluation of this claim forms the basis of this paper. In the writer's series of patients there was a tendency for positive "Tes-Tape" readings to occur at the mid-portion of the menstrual cycle, but this was not a consistent finding. It was concluded that the "Tes-Tape" tech-

nic was not a sufficiently accurate method of determining ovulation time.

Regatillo, E. F. (S.J.): Continencia periodica, *Sal Terrae,* 46: 634-637, November, 1958.

The abuse of the marriage right through onanism or acts that deliberately impede generation has repeatedly and emphatically been condemned by the Holy See. The use of periodic continence is not to be placed in this category. Here there is no question of a wrong use of the marriage right, but rather a right use during periods of infertility, and of abstention during the periods of fertility. Marriage gives the right but does not necessarily impose the obligation to its use. However, to make use of periodic continence without just cause involves some disorder. The will habitually to make use of the marriage right in such wise that the possibility of conception is excluded is not in keeping with the primary end of matrimony; without a sufficient reason, such a course of action could not be considered as being without fault, even though we do not say that this is a mortal sin.

In his address of October 29, 1951, to the midwives, Pius XII gave four general classes of motives as examples of reasons which may urge the couple to limit the fertility of their marriage. These are: medical, eugenic, economic, and social reasons.

We indicate the following general norms which the confessor can follow in practice:

1. He may advise couples to make use of periodic continence when they have a just reason for doing so, and, *in general,* he should not disquiet the consciences of those who practice it (S. Penit., June 17, 1880).

2. Even when there is not a sufficient reason, it is licit for the confessor cautiously to suggest — it being a lesser evil — to those who make use of certain onanistic practices, when he cannot bring them to stop such practices (S. Penit., *ibid*).

3. Aside from these cases, he should not advise the use of periodic continence.

4. This practice should not be proposed in public to everyone without discrimination, but rather to individuals in private. There is danger that such indiscriminate advice might weaken the esteem in which marriage should be held.

5. It should not be proposed as a certain and infallible method of avoiding procreation (Pius XII), nor in such a way that the confessor appear to recommend it except as a remedy.

6. If there is question of avoiding conception or that pregnancy or childbirth would constitute a threat to the life or health of the mother, the confessor should tell the couple that the only absolutely certain method is total abstinence. Should this prove too difficult or impossible, he may suggest the use of periodic continence according to the Ogino method, but under the direction of a competent doctor of reliable moral character.

7. Since periodic continence is not intrinsically evil, as is onanism, the confessor should not give the same norms of action to a wife whose husband insists on having relations only in the periods of infertility, and this without sufficient reason. In order to avoid such evils as the danger of incontinence to either of them, or for the sake of peace in the home, the wife may licitly take pleasure in and consent to such acts, since the marriage act is licit even though actual conception will not necessarily result. When there is question of onanism, the advice that the confessor should give is not the same, since onanism is not a licit act. — C.A.G.

Eastman, N. J.: Liberalization of attitudes toward abortion shown in laws throughout the world, *Current Medical Digest,* pp. 54-60, June, 1959 (reprinted from *Obstet. & Gynecol. Survey,* August, 1958).

Laws related to the performance of abortion are synopsized. The statutes surveyed include those of the Scandinavian countries, Iceland, Finland, Russia, China, Latin America, Japan, England, and the United States. In general there appears to be a liberalization of attitudes on the subject. In the United States there is wide variation among the laws of the individual states relating to abortion. A model abortion law should be framed which might be adopted by the various states to replace existing statutes. The margin between legal and illegal abortion is at present narrow and uncertain. Since, with the improvements of modern medicine, it is rarely necessary to perform abortion to save life, almost no therapeutic abortions performed today are legal when existing laws are interpreted as written. The indications for legal abortion should be broadened to include psychiatric, humanitarian, and eugenic factors.

[Cf. Hanley, B.J.: The rights of the unborn child, *West. J. Surg., Obstet. & Gynec.*, 66: 175-179, May-June, 1958, abstracted in THE LINACRE QUARTERLY, August, 1959.]

Miller, C.: Thoughts while reading a book on abortions, *Med. Economics*, 36: 239-252, February 16, 1959.

The book referred to is *Abortion in the United States*, edited by Mary S. Calderone, M.D., and published by Hoeber-Harper, New York, in 1958. The writer "couldn't help feeling like an M.D. in the middle, squeezed uncomfortably between opposing factions" which hold existing abortion laws to be either too strict or too lax. Most abortion laws permit interruption of pregnancy only if it is indicated to protect the *life* of the mother. They should be broadened to include instances where abortion may be required to preserve the *health* of the mother or to prevent the birth of a deformed child. On the other hand, the concept of performing abortion to protect the *life* of the mother may also require revision. "I can think of any number of my cardiac patients who have been desperately eager to have children — and who have come through their pregnancies with flying colors. If I'd been frightened, a quarter of a century ago, into letting every heart disease act as an indication for abortion, a number of fine men and women in my town would have been murdered *in utero*."

[It is unique to find one sympathetic to abortion who avoids euphemisms and speaks of "murder *in utero*." Perhaps the concept of "murder" is more obvious when one sees a healthy, productive, adult citizen who escaped abortion as a fetus than when one contemplates the tiny embryo. Nevertheless, fetus, infant, child, adult, and oldster are only different stages of human existence and the right to life is inalienable for all. The dichotomy implicit above suggests that the "scientific" advocates of abortion are really sentimentalists and that logic lies elsewhere.]

Janssens, L.: L'inhibition de l'ovulation est-elle moralement licite? *Ephemerides Theologicae Lovanienses*, 34: 357-360, April-June, 1958.

A number of products have been developed to establish regularity in the menstrual cycle. Progesterone causes a peeling of the endometrium, and induces an artificial menstruation. It does not cause periods of sterility. However, the synthetic estrogens, while provoking an artificial menstruation, also cause a temporary sterility. Progestogen actually regulates cycles by causing sterility.

These products have a legitimate usage, and the temporary sterility can be a merely tolerated secondary effect, the regularity of the menstrual cycle being the directly intended effect in their use. These products must be distinguished from those products which are directly contraceptive, such as hesperidin and histamine, which render the ovum impermeable or cause abortion at the moment of conception.

The use of progesterones, estrogens, and progestogen, though capable of abuse, would seem to be justified whenever they are used to supply for faulty natural mechanism or for the relief of real pathological situations.

Gestation and lactation would naturally space the birth of children by eighteen months. Therefore, the use of these drugs would be justified for nine months after birth to compensate for any defect in the natural mechanism. Their use would be justified in the case of the irregularity of menstrual cycles which accompanies menopause. The irregularity in this last case is considered true pathology and treatment by the progesterones is indicated.

These products contribute to the state in which the conception of children will be a conscious effort regulated more and more by the human will. But the situation bears close watching and calls for a diligent effort to inform the Christian conscience in an age of great medical progress.

— J.M.P.

Brugarola, M. (S.J.): El drama moral de la poblacion, *Razon Y Fe*, 157: 21-34, January, 1958.

The necessity of limiting the number of children in a family is a very real problem which must be faced by many families today. Even when we exclude egotistical motives such as those based upon neo-Malthusian principles, there are still many other circumstances which give rise to problematical situations demanding an adequate solution. The Catholic Church has always condemned illicit means to limit a family because these frustrate the primary end of matrimony. On the other hand, she points out other licit means such as periodic continence and, in extreme cases, perfect continence.

Still, it is misleading to pose the problem of population exclusively upon grounds of sexual morality. It should rather be considered as a part of the entire moral order. If the whole moral order is faithfully observed, many circumstances will be eliminated which force the number of the family group to be limited; then, too, the precepts of sexual morality will more easily be kept. It is unrealistic to consider the problem in any other perspective. — R.J.

Lorimer, F., et al.: An inquiry concerning some ethical principles relating to human reproduction, *Cross Currents*, 8: 24-42, Winter, 1958.

An unprejudiced empirical investigation of the role of the family, in various cultures and in our own society, provides strong support for the principle that for normal persons parenthood is an essential aspect of marriage. It also provides an understanding as to what extent sincere Catholics, with full respect for Christian principles, and sincere citizens nurtured in other traditions, may cooperate in meeting common problems.

In treating ethical problems relating to human reproduction, great social issues must be considered. The reduction of fertility will not, in itself, solve the urgent economic and social problems of impoverished nations. Cultural conflicts relating to population trends spring less directly from differences in religious principles than from attempts to enforce such ideals through political action. There is need for a more positive emphasis in Catholic teaching on ethical motives and personal responsibility in marriage and in the regulation of procreative action which will bring on a broader consensus of value as a basis of cooperative action among sincere, socially responsible persons nurtured in different traditions. — L.J.H.

Most physicians have received the brochure, "The Physician and Sterilization," mailed by the *Human Betterment Association of America,* 105 W. 55th St., New York 19, N. Y. It contains a brief review of contraceptive and eugenic sterilization, discussing indications, methods, and legal aspects.

Reviewing a diatribe is a thankless and frustrating task, but Father John R. Connery, S.J. has produced a restrained but pertinent evaluation of *Birth Control and Catholic Doctrine* (by Alvah W. Sulloway, Boston: Beacon Press, 1959. 257 pp. $3.95) in *America* (101: 250-251, April 25, 1959). The same issue contains a thoughtful piece on a related subject, Norris, J. J.: The population explosion, pp. 242-244.

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In the Abstract Section of the August issue, the initials J.L. (J. Lucal, S.J., West Baden College, West Baden Springs, Indiana) were inadvertently omitted from the abstract of the article by P. Delhaye, "Has man the right to modify the conditions of childbirth?"

Readers interested in submitting abstracts please send to:

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Dr. Laforet is chairman of the committee to prepare these abstracts and will welcome contributions to this section.

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The Linacre Quarterly

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